

WHITE FATHERS WITH UNBORN INFANTS—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1 THE OTHER, No. 2, etc., in question 5.
 MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of LowndesTownship of Kingor
Inc. Town ofor
City of

(No. St.; Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Alton Crawley Barnell

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy(4) Twin or Triplet? To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH June 25, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Barnard H. Barnell(9) PRESENT POSTOFFICE OF FATHER Kingston(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE Lowndes(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ollie Alberta Stein(15) PRESENT POSTOFFICE OF MOTHER Kingston(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Lowndes(19) OCCUPATION Housekeeper(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 1:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. G. Garber(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Kingston

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 3, 1922 (28) B. B. Jackson Local Registrar.

*When there was no attending physician or midwife, when the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.